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Bulletin

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of the Mahoning County Medical Society
January - February 2006

Raymond S. Boniface, MD and Ulrich H. Boening, MD Receive 2005 Distinguished Physician Awards

At the Annual Meeting of the Mahoning County Medical Society on Tuesday, January 24, 2006, the 2005 Distinguished Physician Award was presented to Raymond S. Boniface, MD, and posthumously to Ulrich H. Boening, MD. Dr. John J. Buckley, Sr., who nominated Dr. Boniface, presented the award. Mrs. Heidi Boening was present to accept her late husband's award from Dr. Robert Fisher. Plaques commemorating the honor were presented by MCMS President Dr. Ronald Yarab.



In his introductory remarks, Dr. Buckley spoke of his long association with Dr. Boniface, having shared office space in the early days of their careers. He told of his admiration for Dr. Boniface's sacrifices in choosing to do a psychiatric residency after having practiced general medicine for 14 years. He also commended Mrs. Boniface for her loyalty, dedication and support in rearing their eight children while Dr. Boniface was practicing and completing his three-year psychiatric residency.



In accepting the award, Dr. Boniface shared his thoughts on the development of new and better medications and methods of treating psychiatric patients. He retired from his private practice of psychiatry in 2004. Present to celebrate with Dr. and Mrs. Boniface were three of their sons, Drs. Raymond, Thomas and James Boniface, their wives, Drs. Nancy Gantt and Elisabeth Young, and Chris Boniface; a daughter, Juliet Kassenstein and her husband, Jon; and 11 of their 28 grandchildren.



50 YEARS IN MEDICINE RECOGNIZED

Also honored at the Annual Meeting in January were Dr. Hira L. Khanna and Dr. John C. Melnick for their 50 years in medicine. Dr. Khanna, who was accompanied by his wife Mohini, received his medical degree from Agra Medical College in India and has practiced neurosurgery in Youngstown since 1974.

Dr. Melnick graduated from Case Western Reserve University School of Medicine in 1955 and practiced radiology and nuclear medicine in Youngstown until his retirement in 1976. Both honorees have received the Distinguished Physician Award, Dr. Melnick in 1981 and Dr. Khanna in 1997. Dr. Ronald Yarab presented the awards on behalf of the Ohio State Medical Association.



Bulletin

Editor Thomas S. Boniface, MD
Managing Editor Karyn Frederick
Editorial Board

Ronald Yarab, MD Marc Saunders, DO

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CALENDAR

Wednesday, March 1, 2006

6th Dist. Winter Caucus

Friday, March 24, 2006

International Dinner

May 15, 2006

Deadline for Medicare
Prescription Drug Plan

May 19-21, 2006

OSMA Annual
Meeting, Cleveland

Tuesday, May 23, 2006

Society Dinner

August 30-September 4, 2006

Canfield Fair

September 26, 2006

Society Dinner

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From the President by Ronald M. Yarab, Jr., MD

Happy New Year!.....

You may have already lost at least 4.4% of your income.

Thanks to our efficient elected officials in the House of Representatives, physicians will receive a 4.4% pay cut beginning January 1, 2006. The Senate passed the bill 51 to 50 to freeze the Medicare rates at 2005 levels, but procedural maneuvering by the Democrats, will require the House to vote on this measure again. It does look like this vote may take place in February of 2006, but I wouldn't be to optimistic about that with all the other political wrangling going on in Washington at this time. Washington has also passed other legislation for the upcoming year that is not physician friendly. My personal favorite is the therapy cap legislation.

Starting on January 1, 2006, Medicare patients have a cap on therapy services - Medicare will only provide \$1,740.00 of therapy services. The therapy cap includes 1,740 dollars for a combination of speech and physical therapy, and another \$1,740.00 for occupational therapy. Don't ask me how they came up with that logic. It gets even better. Hospitals are exempted from these caps. Hmmmmm! The cap applies to therapy services furnished by rehab agencies, physician's offices CORF's and SNF's.

So, this raises a few interesting questions. One, why are hospitals exempted? The easy political answer is they gave more money to guys like Abramoff. Let's look at the implications: that means that an independent therapy provider can not compete on a level playing field with hospital-based rehab. After we reach the cap level we would have to refer patients to a hospital facility, even if we are providing superior care. Also, patients would flood these facilities and the quality of care would be compromised, not to mention the wait time to see a therapist. There would be no individualized care delivered resulting in a "mill mentality". Sounds like restriction of trade to me, but then again I'm not a socialist.

Tracking the cap is a nightmare as well. If a patient doesn't remember if they had therapy at another facility eleven months ago, they will be responsible for the bill or more than likely the facility will end up writing it off. There are all kinds of neat little exemptions for hospital-based providers to increase their revenues at the expense of independent practitioners, even to the point of "leasing" them therapists as long as the patients are "registered" as outpatients of the hospital. So, if you have therapy within your practice prepare to lose more than your 4.4%.

Add this to the confusion of Medicare Part D, and we all in for a hap-hap-happy new year!

I almost forgot to mention that yearly increase in overhead expense of 3-4 %, not to mention those natural gas bills.

What's 8% among friends? Remember that Congress gets a 2.5% pay increase every year. Current pay for Congress is \$162,100 and \$208,000 if you are in a leadership position. The US senate has over 40 millionaires. Eight out the top 10 richest Senators are Democrats. John Kerry leads the way with \$163,626,399, followed by Herb Kohl at \$111,015,016, and John Rockefeller \$81,648,018. A Republican doesn't show up until number six. Poor Peter Fitzgerald is only worth a little over 26 million. Party of the wealthy those Republicans!! Hardly.

No wonder these guys don't have time to vote. I'm glad they're looking out for me.

Ronald M. Yarab, Jr., MD

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A Better Way?

Part of the American Way is centered on the idea of always finding a better way of doing business. This concept is what drives our economy, which is for the most part a free market, relatively speaking. A better way involves sometimes a new or innovative product for which a demand arises. More often, however, this better way is more about delivering the same product at less cost, by increasing efficiency and/or by decreasing costs of production. In essence, one manufacturer or supplier finds a way to do the same thing for less, thereby undercutting the market price, resulting in savings for his customers, and more business for him. Assuming products and services of approximately equal quality, the consumer invariably goes for the lower price, and everyone wins, except for the business that can't or doesn't follow suit.

On a large scale, this is what is happening to the US Automobile Industry, many of the larger, older airlines, and now to one of our local hospitals. Japan, Korea, and China are going to overtake our Big Three automakers, newer airlines with younger planes, personnel, and pension plans are threatening bigger airlines, and physician owned ancillary delivery sites such as ASC's are hurting the hospitals. All of these examples, however, are nothing more than businesses that have followed the market demands, and found a better way to provide the same product, or an even better one, more efficiently and at less cost to the consumer. Everyone wins – except those that don't follow along.

Recent proposed deeper cuts in Medicare, the benchmark for all health care financing, threaten to bring this reality even closer to a very personal home. Although it appears the Congress may have averted this for the time being, eventually and certainly we will be dealing with this scenario ourselves. In recent months, as this specter loomed large on our horizon, I have heard the familiar refrain – "I won't be able to afford to see Medicare patients, I will lose money!" I wonder whenever I hear this, how do I define losing money? I am in a business that provides a service, in which fixed costs are the minority of my overhead, and worst of all, my largest single cost is my salary. GM's balance sheet is a lot more diverse, with a relative multitude of ways to cut costs, most of which are spread over a large group of people. If and when Medicare, and by extension every other insurer, cuts 4% of payments, that will likely come mostly out of my pocket. Am I really going to turn someone away for 4%, when I've already in essence taken cuts 10 times that amount over the last ten years? This is, of course, a rhetorical question that I don't like to contemplate, but contemplate it we must.

We won't really stop seeing Medicare patients, and they know that. What we will do is the same thing we have always done, in our business and in every other business. We will find a way to provide our services more efficiently, at less cost, and I'll bet we do so while not only maintaining quality, but even improving it. It's the American Way.

Painful though it may be, this is the way it has been and always will be done here. This process is part of what makes our country great, a place where constant innovation helps make our economy the envy of the world. The alternative would be in essence socialist, maintaining the stagnant status quo, which might benefit the few in the short term, but undoubtedly harm the majority over time. We'll find a better way, always have, always will.

A handwritten signature in dark ink, appearing to read "T S Boniface MD". The signature is fluid and cursive, with the last name "Boniface" being the most prominent part.

Bits 'n' Pieces

Lisa Noble-Weiss, MD has reinstated her membership. She is practicing at the Northside Family Practice Center, 500 Gypsy Lane. Phone: 330-884-3235. Fax: 330-884-5678.

John J. LaManna, MD and Eric M. Cheflen, MD have left the area.

The following doctors have not renewed membership for 2006
Harriet Lemberger-Schor, MD
Glenn J. Novak, DO
Jacques St. Julien, MD
Lawrence I. Schmetterer, MD
Robert J. Sinsheimer, MD

MORE BENEFITS YOU DIDN'T KNOW YOU HAD.....

In the last issue we told you about the "hidden" benefit of our referral service -- that prospective new patients will choose the MCMS member physician about whom they can obtain information over the non-member physician who may be equally qualified, but about whom we can provide no information.

The second, perhaps even more important, "hidden" benefit to membership in the Mahoning County Medical Society and the Ohio State Medical Association is the response to the ever-dreaded patient complaint.

Occasionally we receive a call from a patient who wants to file a complaint against a doctor. The first thing we must determine is whether or not the doctor in question is a member of the MCMS. If so, we ask the nature of the complaint. Many times we can resolve the issue immediately just by listening. The great majority of these calls have nothing to do with actual patient care delivered by the doctor, but rather a misunderstanding or dissatisfaction with the way a patient feels they were treated by the office staff, or a dispute about a fee or the transfer of records. For our members, we sometimes make a phone call to the office to relay the complaint and achieve resolution that way. If we cannot satisfy the patient's inquiry, we ask them to submit their complaint in writing, where it is forwarded to the doctor in question and then to the Committee on Judicial and Professional Relations for resolution. This committee is comprised of three or more members of the Society who serve a term of three years. Once they review the complaint, a response is sent to the complainant and to the doctor with a determination as to whether or not the doctor met the prevailing standard of care and acted appropriately. These "peer review" documents are kept in a file separate from the membership records and are not available for review by any entity.

But what happens if a caller has a complaint about a non-member physician? The MCMS has no jurisdiction over non-members and so cannot accept those complaints. If a complainant asks where else they can call -- and they almost always do -- they are given the number for the Ohio State Medical Board, which is duty-bound to investigate all complaints.

So, which would you rather have happen? Tell your non-member colleagues about this "hidden" benefit.

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NEW MEMBERS

Richard T. Esper, MD
Cardiovascular Disease

The Heart Center of N.E. Ohio
250 DeBartolo Place, #2750
Youngstown, OH 44512

Medical Education: Temple Univ. School of Medicine
Internship: Drexel Univ. College of Medicine
Residency: Drexel Univ. College of Medicine
Fellowship: Henry Ford Heart & Vascular Institute

Lori C. Hemrock, MD
Oncology/Hematology

Mahoning Valley Hematology/Oncology
500 Gypsy Lane
Youngstown, OH 44501

Medical Education: Wright State University
Internship: University Hospitals of Cleveland
Residency: University Hospitals of Cleveland
Fellowship: University Hospitals of Cleveland

Michael J. Scolieri
Urology

Northeastern Ohio Urological Surgeons, Inc.
2360 Southeast Blvd.
Salem, OH 44460

Medical Education: University of Pittsburgh
Internship: University Hospitals of Cleveland
Residency: University Hospitals of Cleveland

Andrea J. Shaer, MD
Internal Medicine/Nephrology

The Kidney Group, Inc.
1340 Belmont Avenue
Youngstown, OH 44504

Medical Education: Jefferson Medical College, Philadelphia
Internship: Yale New Haven Hospital
Residency: Yale New Haven Hospital
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In Memoriam

George H. Dietz

July 18, 1928 - December 25, 2005

David H. Levy

September 29, 1907 - December 21, 2005



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